

Last Name:		First Name:		MI:	Patient Phone:	Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian / Pac. Islands <input type="checkbox"/> American Indian <input type="checkbox"/> Other ( Specify)	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F	Date of Birth: <input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y
Address:									
City:			State:		Zip Code:	County:			

<b>SYPHILIS</b>  <input type="checkbox"/> 710 Primary (Initial Lesion Present) <input type="checkbox"/> 720 Secondary (Lesions of Skin or Mucosa) <input type="checkbox"/> 730 Early Latent (Less than One Year) <input type="checkbox"/> 740 Latent Syphilis, Unknown Duration <input type="checkbox"/> 745 Late Latent (More than One Year) <input type="checkbox"/> 750 Late Syphilis (>1 Year. Symptomatic) <input type="checkbox"/> 760 Neurosyphilis <input type="checkbox"/> 790 Congenital Syphilis	<b>CHLAMYDIA/GONORRHEA</b> (check all that apply)  <input type="checkbox"/> 100 Chancroid <input type="checkbox"/> 200 Chlamydia <input type="checkbox"/> 300 Gonorrhea <input type="checkbox"/> 350 Gonorrhea, Drug Resistant <input type="checkbox"/> 490 Pelvic Inflammatory  Source: <input type="checkbox"/> Urogenital <input type="checkbox"/> Urine <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Ophthalmia <input type="checkbox"/> Other	Date of Dx: _____ Pregnant ? <input type="checkbox"/> yes <input type="checkbox"/> no <hr/> Sex partner(s) name(s)                      Sex partner(s) treatment _____ _____ _____ <hr/> Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Co-habiting
--	---	--

Patient Treated <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes: _____  Date Treated: _____  Treatment: _____  Provider Name: _____  Provider Address: _____	Patient Treated <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes: _____  Date Treated: _____  Treatment: _____  Provider Name: _____  Provider Address: _____	Date of Report:       _____
---	---	--

FORWARD REPORT OF DIAGNOSIS TO: WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, STD PROGRAM, 350 CAPITOL STREET, ROOM 125  
CHARLESTON, WV 25301-3715

## TREATMENT SCHEDULE

### SYPHILIS TREATMENT SCHEDULE

EARLY- PRIMARY, SECONDARY, OR LATENT <1YR BENZATHINE PENICILLIN G - 2.4 MU IM IN SINGLE DOSE
LATENT > 1YR, LATENT OF UNKNOWN DURATION, LATE (CARDIOVASCULAR, GUMMA) BENZATHINE PENICILLIN G 2.4 MU X 3 IM AT 1 WEEK INTERVALS (7.2 MU TOTAL)
PREGNANT WOMEN: SEE CDC GUIDELINES
NEUROSYPHILIS - AQUEOUS CRYSTALLINE PENICILLIN G - 3 TO 4 MU IV EVERY 4 HRS FOR 10 TO 14 DAYS (18 - 24 MU/DAY)
CONGENITAL SYPHILIS - AQUEOUS CRYSTALLINE PENICILLIN G 100,000 - 150,000 UNITS/KG DAY (50,000 UNITS KG DOSE IV EVERY 12 HRS) DURING THE FIRST 7 DAYS OF LIFE AND EVERY 8 HRS THEREAFTER FOR TOTAL OF 10 DAYS,  OR PROCAINE PENICILLIN G - 50,000 UNITS/KG DOSE IM IN SINGLE DOSE FOR 10 DAYS
CHILDREN: SEE CDC GUIDELINES

### CHLAMYDIA TREATMENT SCHEDULE

AZITHROMYCIN - 1 g orally in a single dose OR DOXYCYCLINE - 100 mg orally twice a day for 7 days
ALTERNATIVE REGIMENS
ERYTHROMYCIN - base 500 mg orally four times a day for 7 days OR ERYTHROMYCIN ETHYLSUCCINATE - 800 mg orally four times a day for 7 days OR LEVOFLOXACIN - 500 mg orally once daily for 7 days OR OFLOXACIN - 300 mg orally twice a day for 7 days
PREGNANT WOMEN
AZITHROMYCIN - 1 g orally in a single dose OR AMOXICILLIN - 500 mg orally three times a day for 7 days
ALTERNATIVE REGIMENS FOR PREGNANT WOMEN
ERYTHROMYCIN - base 500 mg orally four times a day for 7 days OR ERYTHROMYCIN - base 250 mg orally four times a day for 14 days OR ERYTHROMYCIN ETHYLSUCCINATE - 800 mg orally four times a day for 7 days OR ERYTHROMYCIN ETHYLSUCCINATE - 400 mg orally four times a day for 14 days

### GONORRHEA TREATMENT SCHEDULE

CEFTRIAXONE - 250 mg im in a single dose OR, IF NOT AN OPTION CEFIXIME - 400 mg orally in single dose OR Single-dose injectable <b>CEPHALOSPORIN</b> regimens <b>PLUS</b> <b>AZITHROMYCIN</b> - 1 g orally in a single dose OR <b>DOXYCYCLINE</b> - 100 mg orally twice a day for 7 days  <b>*AZITHROMYCIN</b> - 2 g orally can be considered for pregnant women who cannot tolerate a cephalosporin
ALL CONTACTS OF GONORRHEA AND CHLAMYDIA SHOULD RECEIVE PROPHYLACTIC TREATMENT USING THE TREATMENT SCHEDULE PROVIDED.
<b>*TO VIEW CDC GUIDELINES, GO TO WWW.CDC.GOV/STD/TREATMENT/2010 OR CALL THE WV BUREAU FOR PUBLIC HEALTH DIVISION OF STD/HIV &amp; HEPATITIS AT 800-642-8244 304 558-2195 TREATMENT MAY ALSO BE FAXED TO STD PROGRAM@ (304) 558-6478</b>